

City of Lowell JFK Civic Center, 50 Arcand Drive, Lowell MA 01852

Roberto Dei

Cultural Affairs & Special Events

MultiDaySpecialEventApplication

DATE OF REQUES	ST:					
APPLICANT NAM	IE (organization):					
CONTACT NAME	(If different):					
PHONE:	CELL PHONE:			E-MAIL:		
MAILING ADDRE	SS:					
CITY:				STATE: _	ZIP:	
TYPE of EVENT:						
Filming	Road Race	Walk-A-T	non	Procession	Assemblage	
Festival	Block Party	Other		If Other:		
ABOUT YOUR EV	ENT (MAXIMUM OF 4	DAYS)				
DAY 1:					TIME:	
DAY 3:	TIME	:	D	AY 4:	TIME:	
Set Up Start Time f	irst Day:		Cl	ean Up End Time I	Last Day:	
Will this event require a street closing permit?			'es	No (If yes, please complete Street Closing Application)		
Will you serve Alcohol?			'es	No (If yes, please apply for a One Day Full or Limited Liquor License)		
Will there be Live Music and Sound? Ye			'es	No (If yes, please apply for a One Day Amplified Music License)		
Is the event held in a Public Park? Yes			'es	No (If yes, please reserve the park via www.lowellrec.com)		
General Event Desc	cription (Brief description	on and webpage in	fo, maps	and site plans, attach if ne	cessary)	
EVENT LOCATION	N: ACTIVITIES:					

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